

<b>PLAN OPERATIONS</b>	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	<b>Compliance Monitoring and Communication</b>	Policy ID:	<b>PLANCG-64</b>
	Approved By:	Advantage Dental Services, LLC Compliance Committee	Last Revision Date:	10/5/2021
	States:	Oregon	Last Review Date:	11/30/2021
Application:	Medicaid	Effective Date:	12/01/2021	

**PURPOSE**

This policy outlines the methodology for monitoring regulations, regulatory compliance and implementing regulatory changes, tools and results and establishes a process by which the Compliance Department and appropriate operational departments cooperate to ensure effective reporting of departmental compliance risks, along with establishing an open line of communication between Compliance and other applicable departments in order to monitor ethical conduct, and to promote a culture of continuous improvement. Ongoing evaluations of compliance risk are needed to ensure that what is happening in practice conforms to the goals that have been expressed in Advantage Dental Services, LLC documents as a Dental Care Organization (DCO).

With the effective administration of the stated monitoring mechanism, the DCO can assure that the organization meets all applicable state and federal requirements, develops an effective communication process to track input on compliance issues, provide feedback on specific problems and provide effective response and prevention programs to ensure appropriate corrective action for noncompliant and/or repeated misconduct.

**POLICY**

The Chief Ethics & Compliance Officer, with the assistance of department managers and/or Compliance Committee will conduct a baseline evaluation of operational areas as it relates to compliance. The DCO complies with the prompt response requirements when such risks are ascertained. In addition, the DCO assesses the overall effectiveness of the Compliance Program on a periodic basis. Through the monitoring process, the Compliance Department will assess compliance with federal and state health care statutes, regulations, and program requirements, as well as the payer rules, and identify and address any ongoing compliance issues.

**REFERENCES**

CMS Managed Care Manual Chapter 21  
 CMS Prescription Drug Benefit Manual Chapter 9  
 42 C.F.R. §§ 422.503 (b)(4)(vi)(F), 423.504 (b)(4)(vi)(F)

**DEFINITIONS**

“**CMS**” means Centers for Medicare and Medicaid Services.

“**DCO or Company**” includes the corporate DentaQuest parent organization and all of its subsidiary entities.

“**First-Tier Entity**” means any party that enters into a written arrangement to provide administrative or health care services.

**“Downstream Entity”** means any party that enters into a written arrangement, below the level of the arrangement between the DCO and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

**“Related Entity”** means an entity that is related to the common ownership or control and performs some of the DCO management functions under contract or delegation; furnishes services to enrollees under an oral or written agreement.

**“Fraud”** (CMS) means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act. (42 CFR § 455.2)

**“Waste”** (CMS) means overutilization of services, or other practices that result in unnecessary costs. Generally not considered caused by criminally negligent actions but rather the misuse of resources.

**“Abuse”** (CMS) means provider practices that are inconsistent with sound fiscal, business, or clinical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program. (42 CFR § 455.2)

## **PROCEDURE**

### **I. Internal Audit and Monitoring**

The DCO will maintain a process to audit and/or monitor operational areas throughout the organization, including those performed by First-Tier, Downstream and Related entities (FDRs), for compliance with regulatory guidance, compliance with contractual terms, compliance with applicable federal and state laws, and adherence to internal policies and procedures in order to identify potential or actual compliance and/or Fraud, Waste and Abuse (FWA) risks. Compliance Program Plans and Auditing and Monitoring Plans may be in place to define further procedural actions such as the system to identify compliance risks throughout the organization, auditing and monitoring risks and tracking and documenting compliance in a Risk Oversight Grid. The procedure defined in this policy may be modified by the DCO based upon the unique circumstances in plan/client contracts.

- A. The Compliance Department will create and send a quarterly email to the heads of all operational departments in order to determine if there is any compliance or other legal or regulatory compliance concerns affecting internal operational departments. The Chief Ethics & Compliance Officer (CECO) and/or Compliance staff will communicate recurrently with the heads of various applicable departments to determine if there are any operational, regulatory, or other compliance issues.
- B. Specifically, the CECO and/or Compliance staff will submit a quarterly email requesting the departmental heads to identify whether there are any compliance issues or other regulatory or legal concerns. If the head of the department does not have any knowledge of any compliance risks or concerns arising within the head’s department over the course of the quarter, the departmental head must respond by attesting to having no such knowledge. The CECO and/or Compliance staff will review each email response for purposes including, but not limited to:

1. Ensuring that the Company is monitoring all compliance issues or concerns pertaining to any legal or regulatory matters, including but not limited to any HIPAA, HITECH, CMS Medicare Advantage, or CMS Medicaid related issues;
  2. Ensuring the Company is aware of any compliance concerns and any other legal or regulatory compliance concerns;
  3. Ensuring communication within the Company permits other Operational Departments to easily communicate with the Compliance Department; and
  4. Ensuring appropriate Compliance Department oversight of departmental issues related to compliance issues and concerns.
- C. The Compliance Department will work together with the heads of appropriate departments to discuss any identified compliance concerns or issues and determine the process and/or procedural changes that should be implemented to prevent future occurrences. The Compliance Department will also coordinate with the applicable departments to determine whether any training will be required for staff to implement better practices. This regular communication between the Compliance Department and the heads of applicable operational departments will ensure that the Compliance Department has sufficient oversight of compliance issues and concerns that arise in other operational departments at the Company. Should any applicable operational department be determined to be out of compliance with statutory and regulatory expectations, the Compliance Department will review such failure with the applicable department and, if necessary, implement a corrective action plan.
- D. The Compliance Department will ensure that all compliance reporting mechanisms are available to employees and audit and monitor the effectiveness of its reporting protocols by reviewing policies and procedures and mechanisms for internal reporting. The Compliance Department will track, trend and report (or facilitate the reporting of) allegations of non-compliance to appropriate governing agencies and document reported misconduct and ensure that the concern is properly handled. The Compliance Department will continuously assess reported potential risk, audit and monitor implementation to mitigate risk and document closure.

## **II. Review of Applicable State and Federal Regulations**

The Government Affairs department tracks state and federal regulations and legislation pertaining to Medicaid, Medicare, Children's Health Insurance Program (CHIP), commercial, and the Exchanges along with key issues related to oral health. The DCO utilizes FiscalNote and leverages its participation in various dental trade organizations to ensure that all applicable laws and regulations are captured and communicated to the appropriate internal operational units on a regular basis.

- A. The Government Affairs staff convenes internal and external stakeholders to evaluate state and federal regulatory and legislative changes and works closely with Legal and Client Service departments to ensure DCO compliance with changing federal regulation. During the proposal and enactment of new legislation or regulations, the Government Affairs staff works with the Compliance Department to ensure appropriate understanding and operationalization within the organization.
- B. The DCO employs various auditing methods to monitor daily business functions and employee activity to ensure compliance with statutory requirements and contractual obligations. Contractual requirements are informed to impacted departments by the New Business Strategy and Implementation Department, and daily regular employee and system reviews ensure business activities are meeting those contractual requirements along with federal and state statutory requirements and contractual obligations.

- C. The DCO conducts ongoing monitoring for compliance in each department area. The DCO employs several monitoring techniques:
- Internal Compliance-Operations workgroups,
  - Legal assessment of contractual relationships with plans and providers and regulatory bodies,
  - Management reporting,
  - Client audits,
  - SSAE 16 and associated independent assurance reports;
  - HPMS Memos; and
  - Federal and State statutory review, monitoring, and change tracking
- D. The monitoring assesses compliance with federal and state health care statutes, exchange requirements and guidelines, regulations and program requirements, and payer rules. The monitoring process also includes reviewing the process elements, such as the dissemination of the standards and attendance of educational programs and the documentation of internal investigations of alleged noncompliance. In any instance where a department, process, policy, or procedure is found not to be in compliance, the Compliance Department will work with the appropriate operational areas to update and implement internal processes and work-plans in order to ensure ongoing compliance with contractual obligations, state and federal statutes, and exchange participation requirements.
- E. Collaborating with Human Resources, the Compliance department will communicate and provide training to all employees on new laws, regulations, policies and procedures. The Compliance department will confirm by audit that employees are completing educational requirements according to company policy. The Compliance department will continuously audit its training to determine if the training and education are tailored to the potential risks identified. The Compliance department will monitor, audit, and review compliance disclosure tracking logs and track how employees become aware of issues to analyze the effect training and communication has on employee awareness and reporting.

### III. Other Operational Audit Plans

In addition to the compliance activities within this policy, the Internal Audit Department, Information Security Department and other areas may conduct risk assessments and subsequently develop audit plans. These areas maintain their own policies and procedures associated with these procedures. The Compliance Department collaborates with these areas to leverage internal resources and enhance multi-disciplinary collaboration and visibility.

#### ***Revision History***

Date:	Description
2/20/2015	Updates driven by the recommendations from the 2014 Compliance Program Assessment.
3/14/2016	Revised SAS70 Compliance Monitoring to read SSAE 16 and associated independent assurance reports.
4/26/2017	Revised Chief Compliance Officer to read Chief Ethics & Compliance Officer.

2/27/2018	Conversion to revised policy and procedure format and naming convention.
3/29/2018	Updates based on annual review.
11/12/2018	Corporate Compliance Committee approval
05/29/2020	ADS Compliance Committee approval
06/09/2021	Updates based on annual review.
10/5/2021	Updates based on annual review.